

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091758155
FILING DATE
APPLICANT(S)

4/6/05

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		/		
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TOTAL IND.		3		
TOTAL DEP.		12		
TOTAL CLAIMS	12	15		

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